

## OFM Training Registration Form DCDS

Please fill out the form completely and return to your Department Training Coordinator (if required) or to:

DMB OFM Support Services Division	Phone: (517) 241-7726
Romney Building, Fifth Floor	Fax: (517) 373-0297
111 S. Capitol	
Lansing, MI 48913	

### ABOUT YOU AND YOUR WORK SITE

#### PLEASE PRINT

Name: (Last, First, Middle Initial)		Employee Identification Number:	
Department: (i.e., OSB/OFM)		Division: (i.e., Support Services)	
Section: (i.e., Training)		Office Street Address, Including Zip Code:	
Building & Floor: (i.e., Romney Bldg., 5 <sup>th</sup> Floor)		ID Mail Run: (i.e., Lansing, Southwest, US Postal)	
Civil Service Classification: (i.e., Secretary, Analyst)		Supervisor's Name & Phone Number:	
Work Phone Number:		*Home Phone Number: (See Note Below)	
E-mail Address:		FAX Number:	

#### ABOUT YOUR SPECIAL NEEDS

Do You Need Special Assistance To Take Classes (Describe)?

Do You Need A Signer?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Do You Need Someone To Read?        Yes \_\_\_\_\_ No \_\_\_\_\_

Other \_\_\_\_\_

Approval of Department Training Coordinator

(Signed) \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_ - \_\_\_\_\_

#### DCDS COURSE REQUESTS

Course

Date

1<sup>st</sup> Choice      2<sup>nd</sup> Choice


Dates that you **CANNOT** attend training during next 3 months:

\* Unless completed, we will not be able to reach you at home for notification of a canceled class.